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Fact Sheet

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Geriatric Research in VA

The aging of the veteran population is a major issue confronting the Department of Veterans Affairs (VA). Today, 9.6 million veterans are age 65 or older, representing 38 percent of the total veteran population. By 2030, the proportion of older veterans will increase to 45 percent of the total. As in the general U.S. population, those age 85 or older (the "old-old") are the fastest growing segment of the veteran population, representing 3 percent of current veterans. The number of veterans age 85 or older is expected to nearly double from 764,000 to a peak of 1.4 million between 2003 and 2012.

Anticipating the impact of older veterans on its health-care system, VA has been in the forefront of research on aging. In fiscal year 2004, spending on research related to aging conducted by VA investigators totaled $80.2 million for 472 funded research projects. Of this research, 143 projects received VA research funding, 320 projects were funded from other sources, such as the National Institutes of Health, and nine projects were funded by VA as well as other sources.

VA established the Geriatric Research, Education and Clinical Center (GRECC) program in 1975 to increase basic knowledge of the aging process, share that knowledge with other health-care providers, and improve the overall quality of care for elderly veterans. Their research includes biomedical, applied clinical, health services and rehabilitation research.

Today, VA's 21 GRECCs lead in gerontology and geriatrics, applying basic research to clinical programs. These programs not only benefit older veterans, but are also exported beyond the veteran community, both nationally and internationally. VA researchers' work has influenced treatment for diseases affecting older veterans and has improved the ways in which health care is delivered to meet their unique needs.

Here are some examples of recent GRECC research:

The Ann Arbor, Mich., GRECC developed a resident assessment method in the 1990s to establish uniform data to evaluate long-term care residents, track clinical outcomes, develop and follow plans of care and enhance staff skills. This instrument is used in all Medicare- and Medicaid-reimbursed nursing homes in the United States, in all VA nursing homes and internationally. A variation developed for home-care use will be implemented throughout VA.

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The Baltimore GRECC is exploring exercise training strategies in rehabilitation of stroke patients. One study found that a six-month program of treadmill training increased fitness while reducing energy demands of walking, which may allow stroke patients to perform activities of daily living easier.

The Bedford division of the New England GRECC is examining factors affecting quality of life in advanced dementia. In one study, a special walker that surrounds an individual was evaluated for people who could not walk unassisted. With this device, patients were able to move around more independently and had increased engagement with the environment and social interaction, improved mood, and decreased daytime sleeping and agitation. In another study, a group program that involves multiple sensory stimulation (sight, sound, taste, smell, touch) resulted in increased eye contact, smiling and verbal interaction, with a minimum of disruptive behavior during group activity. This work demonstrates the importance of meaningful activities for people with dementia, including those in the later stages.

At the Durham, N.C., GRECC, a new clinical project is underway to evaluate use of telemedicine monitors in the homes of frail elderly veterans who are frequent users of emergency care. Geriatric fellows and nurse practitioners make home visits; then nurse practitioners, social workers and clinical pharmacists visit via the monitor. First-year results showed a decrease in mortality and emergency room visits.

Investigators at the Palo Alto, Calif., GRECC are studying age-related muscle loss. Some studies focus on the role of free radicals in the normal age-related changes in muscle and how those changes may actually cause muscle atrophy. This work has led to a new idea that muscle atrophy may be directly due to loss of individual muscle fiber nuclei as a direct result of cumulative oxidative damage. These results may reveal ways to delay or reduce age-related muscle atrophy through the use of antioxidant compounds.

At the Seattle/American Lake GRECC, the role of disrupted insulin metabolism in Alzheimer's disease and adult-onset diabetes mellitus is under investigation. Adults with Alzheimer's show reduced sensitivity to insulin, and temporarily overriding this insulin insensitivity results in improved memory function. Current studies are aimed at understanding mechanisms by which insulin facilitates memory in these patients. A study is also underway to examine the therapeutic benefit of insulin-sensitizing medications in Alzheimer's patients. In addition, research has begun to determine whether insulin insensitivity is associated with cognitive impairment in patients with diabetes, and whether improving insulin sensitivity in this group through insulin sensitizers produces improvement in cognitive function.

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